

CENTER FOR
exceptional dentistry

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FAX COVER SHEET

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| SEND TO: <i>B.O.A.</i> | FROM: <i>Rhonda McKamie</i> |
| ATTENTION: <i>Tad Allen</i> | OFFICE LOCATION: 3645 N. COUNCIL RD |
| OFFICE LOCATION: <i>Columbus OH</i> | DATE: <i>12/4/07</i> |
| FAX NUMBER: <i>877-246-4478</i> | PHONE NUMBER: 405.789.7893 |

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TOTAL PAGES INCLUDING COVER :

COMMENTS:

Tad,
Let me know if theres still something else
you need. Sorry for the delay, we've
been out of control.
My cell is 405.306.8996 if you need me!
Rhonda



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FAX COVER SHEET**

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To: Dr. McKamie From: Tad Allen
Location: _____ Dept: _____
Phone Number: _____ Phone Number 614-428-2222
Fax Number: 405-789-7066 ⁸³⁷⁷ Fax Number: 877-246-4478
Date and Time: 11-27-2007

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• **Comments:** Dr. McKamie, here are your final loan documents. Please sign them were indicated and fax them all back to my attention to 877-246-4478. I will also need a copy of your drivers license and a copy of your practices contents insurance declarations page. If you have any questions what so ever, please feel free to give me a call at 614-428-2222. Thank you, Tad Allen

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